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THE MEDICAL MISSION

BY

W. J. WANLESS, M. D.

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THE MEDICAL MISSION

ITS PLACE, POWER AND APPEAL

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BY

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AUTHOR OF

"Medical Missions in India," "Medical Missions," "Facts on Foreign Missions"

PHILADELPHIA
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PREFATORY NOTE.

This little book, while it is intended primarily for Christian medical students, has been prepared with the object of stimulating among Christians in general a deeper interest in the work of medical missions.

The suggestion to prepare such a book came from the receipt of a large number of letters addressed to the writer by students and others with regard to the details and general phases of medical missionary work. The answers to most of the questions asked have been embodied in the eleven chapters of this little work. The subject matter is based on the experience of the writer, for six years a medical missionary in India, on his general knowledge, after extended study of the subject of medical missions in different lands, and on his experience as Traveling Secretary of the Student Volunteer Movement for Foreign Missions among the American medical schools while at home on furlough in 1895–96, during which time he visited ninety out of the one hundred and eighteen medical schools of the U. S. A.

The little book is sent out in the name of the Great Physician with the hope and prayer that this humble

attempt to deepen interest in the work of his kingdom and to extend the knowledge of a form of missionary work which must lie very near to the great and loving heart of Him who "himself took our infirmities, and bare our diseases," may be used of him for the praise and glory of his own dear name.

W. J. Wanless.

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THE MEDICAL MISSION.

CHAPTER I.

JUSTIFICATION OF MEDICAL MISSIONS.

It has been truthfully said that "the history of medical missions is the justification of medical missions." The medical mission is "Christlike in its character, apostolic in its aim, and invaluable in its influence." Said Dr. David Livingstone, "I am a missionary, heart and soul. God had an only Son and he gave him to be a missionary and a physician. A poor, poor imitation of him, I am or wish to be. In his service I hope to live, in it I wish to die." Of all authority for the medical mission, our Lord himself is the best, and he himself the best example of a medical missionary. "And Jesus went about all the cities and villages, teaching in their synagogues, and preaching the gospel of the kingdom, and healing every sickness and every disease among the people." (Matt. 9 : 35).

It is significant that so large a portion of Christ's

public life was devoted to the ministry of healing. Of the thirty-six recorded miracles performed by him, twenty-three were miracles of bodily healing and three of raising the dead. Besides those recorded as having been healed by Jesus, thousands of others must have experienced the power of his miraculous touch, for John evidently referred in part to his works of mercy when he wrote, "And there are also many other things which Jesus did, the which if they should be written every one, I suppose the world itself could not contain the books that should be written" (John 21 : 25). It was largely by his miracles of divine healing that Jesus gave proof of his divine mission, and the heavenly character of his teaching. It was chiefly by use of his healing miracles that he established the validity of his claim as the Son of God and the Saviour of the world.

Christ's healing miracles had a twofold purpose. They were primarily performed in order to establish among men the divine origin of himself and his mission, and secondly to relieve suffering, thus proving to men God's love for a diseased and sin-stricken world. "But that ye may know that the Son of man hath power on earth to forgive sins, (then saith he to the sick of the palsy), Arise, take up thy bed, and go unto thine house" (Matt. 9 : 6). Matthew records of him after he had passed from place to place healing the crowds that thronged him, that "when he saw the multitudes, he was moved with compassion on them"

(Matt. 9 : 36). Seven times Christ is spoken of in the gospels as having been "moved with compassion" and in every case the objects were persons having purely temporal or physical ailments.

John the Baptist, anxious to hear of the fulfillment of his own prophecy and the outcome of his own teaching concerning Jesus, seeks proof of the Saviour's Messiahship by sending from the prison cell and asking, "Art thou he that should come, or do we look for another?" Speedily the Master replies, "Go and show John again those things which ye do hear and see: the blind receive their sight, and the lame walk, the lepers are cleansed, and the deaf hear, the dead are raised up, and the poor have the gospel preached to them" (Matt. 11 : 3–5). Here Jesus himself emphasizes the importance of his healing ministry by giving it the precedence in his message, but only to set forth the truth that after all it was but the precursor of his gospel ministry. Christ's healing ministry with respect to physical results was a unique and magnificent success. With regard to the souls immediately saved as the outcome of sickness miraculously cured it was from a human standpoint a comparative disappointment. There were most probably thousands restored by Jesus who not only personally did not accept him as the Messiah, but who did not so much as thank him for the relief received at his hands. Of the ten lepers cleansed only one returned to acknowledge the favor

by glorifying God. But while the immediate results were spiritually discouraging their ultimate effects have been obviously far-reaching and glorious. Hence the divine wisdom of our Lord was clearly manifest in his choosing the miracles of healing as a means of proving his own divine nature and the benevolent character of his gospel. (See Luke 10 : 25–37).

It was after a tour in Galilee where he had healed "all manner of sickness and all manner of disease" (Matt. 4 : 23) that he preached his wonderful Sermon on the Mount. He had previously taught in act what he now enforces by word. It was thus that he secured the ear of the multitudes, for "he taught as one having authority and not as the scribes."

Again we read in Matt. 10 : 1, 7, 8, "And when he had called unto him his twelve disciples, he gave them power against unclean spirits, to cast them out, and to heal all manner of sickness and all manner of disease." "And as ye go, preach, saying, The kingdom of heaven is at hand. Heal the sick, cleanse the lepers, raise the dead, cast out devils : freely ye have received, freely give."

In his prayer for his disciples he says : "As thou hast sent me into the world, even so have I also sent them into the world" (John 17 : 18). Again before he ascends to glory he is heard to say : "As my Father hath sent me, even so send I you" (John. 20 : 21). His own commission he passes on to his disciples. (See Matt. 8 : 17). He commands them

to do what he himself had already done in obedience to God the Father's command. Obedience was the keynote of Jesus' life. His commands to do were enforced by his own doing and the injunction to "heal and preach" was best fulfilled in himself. Christ's life on earth for us, his blessed example and the legacy of his commands left us are, therefore, alike his most strenuous appeal, and our most emphatic authority to prosecute the work of medical missions, and by so doing we follow in the footsteps of "him who went about doing good."

CHAPTER II.

NEED FOR MEDICAL MISSIONS.

Who can estimate the constant and manifold blessings which come to us as the result of the devoted and untiring labors of the medical profession in Christian lands? Then how few of us value the blessing of this medical movement in the light of heathen ignorance and cruelty, or compare our own sickness, under intelligent and sympathetic treatment with the sickness of those who are obliged to subject themselves to the terrible barbarities and atrocities commonly practiced in the name of medicine in heathen lands? Imagine our own land emptied of its magnificent hospitals and medical institutes, its costly asylums and infirmaries, its elaborate sanatoriums and health resorts, its faithful physicians, its untiring and sympathetic nurses, its medical societies and bureaus, its sanitary commissions and boards of health, and a host of other institutions as conglomerate in name as they are in practice, but all established for the relief of the suffering or instituted for the preservation of our physical welfare. Imagine ourselves shorn of our common knowledge regarding diseases—their prevention, their

cure—as well as of the practical sympathy and earnest solicitude with which the sick among us are constantly helped and comforted. Imagine the resultant misery, the indescribable suffering that would inevitably follow in the wake of the extinction of all these blessings so commonly enjoyed by or available to us all, and practically without distinction as to race, color, creed or station in life.

Imagine the epidemics, the pestilences, the plagues that would speedily sweep the land, if our disease-preventing and disease-destroying measures were suddenly withdrawn. Imagine, I repeat, your own desperation under such conditions of life at home, and it will help you to picture for yourself the unutterable needs of the millions who suffer and die within the precincts of heathenism or under the despotism of Moslem rule, and with none who are able to intelligently afford them relief, and with few who even care that they suffer.

And dying! Yes and with the frightful mortality of a soul a second, sixty a minute, thirty-six hundred an hour—a city the size of Albany blotted out of existence every third day, a St. Louis disaster every half hour in the day and every day in the year. For hundreds of decades this incalculable loss of precious lives, this eternal loss of immortal souls has continued, and all the while the wretchedness, the pain, and the misery in the aggregate quicken and intensify. All this, too, while millions of professing Christians—and

this is the saddest thing of all—millions of professing Christians in the midst of inconceivable blessings conferred on them through the gospel, and oblivious to the world's groans and agonies complacently forget the solemn obligation which the very fact of their own God-given enjoyment implies—the obligation of sharing with others what they for the most part lavish upon themselves. Said Mrs. Isabella Bird Bishop on the Exeter Hall platform in London three years ago, after a tour of the world's mission fields: "If there were time, I could tell you of things which would make it scarcely possible for any one entering life without a fixed purpose to avoid going into training as a medical missionary."

In Christian lands sickness means to us tenderness and sympathy on every hand. In the house and sick-room there is quietness in the night, there is the muffled foot-fall during the day. Everything is sacrificed for the good of the patient. Neighbors vie with each other in their kindness, and even strangers are glad to be of service to the sick. Invariably there is a physician within calling distance, and always within easy reach. There is the well-trained nurse or faithful friend always at hand to administer the soothing draught and in every way to secure the comfort and quiet of the sufferer. But what does sickness mean to the millions of our fellow-creatures throughout the East? It means to the injured, "cremated rats," "wax," "rags," and other filth stuffed into

wounds, "aromatic mud" crammed into the nostrils, "boiling pitch," or "cow manure," poured or plastered over wounds to staunch the bleeding and to promote healing. It means for the sick the superstitious wearing of amulets and charms, to prevent or cure disease; the swallowing of printed verses from so-called sacred books to avert sickness; or the practice of sorcery and witchcraft to determine the cause, dispel the evil spirit, or drive out the demon of disease. To others it means unspeakable torture, such as the slow roasting of new-born infants and their mothers before a fire to promote warmth and to expedite recovery, the boring of a hole in the sole of the foot with a hot iron "to let the fever out," the cauterization of the chest or abdomen with hot irons and flesh-destroying caustics for the relief of digestive disturbance or internal pain. To the supposedly bewitched in Africa it means being cut to pieces and cast to the wild animals or fishes, being buried alive or staked out to be eaten by ants or wild animals. To the insane and incurable in China it often means tethering to a dog kennel, or to be driven from home or left to die in a graveyard. In the late war in China, army doctors were found treating wounds according to the time of day inflicted rather than according to the instrument or location of infliction. Even liquid mercury was poured into wounds to dissolve bullets. To the old and decrepit in India it frequently means poisoning, often starving to death.

Added to all this, in China, and similarly in other countries, the *materia medica* consists of snake skins, tigers' claws, dragons' teeth, wasps' stings, centipedes, scorpions, horned toads, beetles, serpents' eggs, boiled spiders, or perchance the broth of human flesh. A knowledge of therapeutics based on prevalent credulity or natural gullibility, of anatomy founded largely on pure imagination and grossest ignorance, of physiology derived from hereditary notions or mythical conceptions—such is the knowledge that makes the doctor. Even in the most enlightened of eastern lands, as in China and India, the "native doctors," so called, have no real knowledge of the foundation sciences of medicine; they know practically nothing of anatomy, physiology and pathology. The use of the microscope, one of the most important instruments of modern physical science, is entirely unknown. Inherited religious beliefs and hoary prejudices prevent a minute or detailed investigation of disease and its causes. Their theories regarding the nature of diseases are not only unscientific but often on the face of them utterly crude and ridiculous. Their practice, if not in itself a means of torture, is at the best the crudest empiricism.

Such is still the portion of well-nigh countless millions of our race, for the relief of whose suffering there are no physicians, except such as exist in the form of devilish witch doctors, ignorant quacks, superstitious priests, deluding wizards, crafty conjur-

ers, roaming fortune-tellers, wily astrologers, and a host of other degraded and superstitious individuals who, in the name of medicine and religion, profess to cure disease.

While throughout heathen and Mohammedan lands these "habitations of cruelty" still obtain, is it not a fact that in professedly Christian lands faculties of medical schools enter into dignified competition for students, and hospital boards for patients, and often in large cities to the detriment of both the medical profession and patients? It is also freely acknowledged that in America there are already three times as many physicians and twice as many medical schools as there is need for. Grist after grist of doctors—more than 5,000 a year—are turned loose on this country where the majority stay either to eke out an existence or practice because the vocation is pecuniarily more profitable or socially more congenial than other callings.

And is it not also true that in some of our magnificent hospitals the wounds of the relatively few are not only scientifically treated, but in addition elegantly dressed "to secure primary healing," while the unwashed, untouched sores of the untold multitude in heathen lands are left to suppurate, to mortify, and to kill? New York City alone has ten thousand hospital beds, costing upward of a million dollars a year—more beds and more money for the sick among two millions, than are used and spent for the relief of the

sick by all the medical missions that exist among a thousand millions of heathen and Mohammedans.

Surely the need for medical missions is crying enough, the appeal pathetic enough, the urgency of the situation intense enough; and is there not in our hands strength enough to furnish the means, and in our medical schools students enough to furnish the men, that these "murdered millions" may find relief and learn of better things? Oh, should not our humanity, as well as our Christianity, impel us—we who may and ought to go—to go, and with one mighty effort of body, soul and mind, help roll away this load of sorrow and cheer this ocean of suffering arising out of heathenism and coming up to us with its mute, but agonizing cry for help and pity? In the name of Him who had "compassion on the multitude," and in response to him who asks "who will go for us, and whom shall we send," shall not our individual and heart-deep response be: "Here am I; send me?"

CHAPTER III.

SOME OF THE FIELDS.

China. In point of population and lack of properly educated physicians, China probably presents the most needy and extensive of all the fields for the prosecution of medical missions. This stupendous empire, with a population numbering nearly 400,000,000, is practically dependent upon a handful of probably less than 150 American and European, and as many more educated native physicians. Quacks there are without number, but China knows little of scientific medicine and surgery, save as it is exhibited in the mission hospitals and dispensaries.

Says Dr. J. G. Kerr of Canton, for thirty years a medical missionary to China: "The properties of medicines are in great measure unknown. Wonderful virtues are attributed to inert substances, such as dragons' teeth, fossil bones of tigers, petrified crabs, pearls, stalactites, deer's horns, and many other things, some of which are disgusting and offensive. The real virtues of active medicines are not fully understood, and in so far as they are known their administration is not guided by any rational principle. The

exercise of chemistry is unknown, and the physicians are, therefore, without the basis of knowledge, not only in regard to the active ingredients of medicines, but of the constituents of the human body, of its secretions in health, and of the products of disease."

The practice of surgery among barbarous or semi-civilized peoples is altogether wanting, or is of the most rude and primitive kind. Even among a people like the Chinese, celebrated for their literary culture or mechanical skill, and having a medical profession large in numbers, not a few of whom have attained a high reputation, operative surgery is unknown. Since they are without anatomical knowledge no one will venture to use a cutting instrument, lest death from bleeding, which they do not know how to control, should result.

All the numerous diseases and injuries which are capable of being remedied by the dangerous art are either maltreated or left to run their course, a long train of evils being the result. Fortune-tellers and idols are consulted in almost all cases of sickness. Disease is attributed to the visitation of evil spirits or the anger of the gods. To ward off one, and pacify the other, amulets are in general use. Idolatrous worship in the sick room is often attended with the deafening noise of gongs and the explosion of fire crackers to expel "evil spirits." The case of an old lady near Peking who had bricks piled on her broken leg for six months to cure it and keep down the swelling,

illustrates the ignorance and cruelty of the treatment commonly practiced in China.

Dr. Ashmore describes the teaching of anatomy by the Chinese, in substance, as follows: A wooden statue of a man is constructed, into which are bored a number of holes; a curtain is thrown over the figure and the student is taught to thrust the needle through the curtain into certain holes on the statue. There are supposed to be certain locations represented by the holes which, if punctured, will allow the exit of the evil spirit supposed to be the cause of the disease.

The heart's mouth is believed to be a favorable locality for the "seat of disease," the brain is imagined to be in the stomach, and the "seat of courage" is the liver. The bladder is supposed to communicate with the mouth by a long tube, through which liquids force their way. The "hole in the heart" is believed to have a mysterious connection with the stomach, and to this orifice is ascribed pains of indigestion from rapid eating, etc.

China alone could immediately fill the hands of 200,000 capable practitioners, and all that is true of China proper is, with modification and variation, true of all the Chinese dependencies,—Korea, Mongolia, Thibet, and Hainan; also of certain portions of Japan, particularly the new dependency, Formosa.

The following, from a printed letter of Dr. Rosetta S. Hall of Korea, illustrates the cruel features of the treatment of the sick, practiced in that country:

"I was called one day to the house of one of the higher class to see a child who had become very sick two or three days before, after being carried a long distance, strapped to the back of his nurse, as is their custom, with his bare head and the nape of his neck *exposed to the fierce heat* of a July sun. I found the child in convulsions, and after a careful examination, I told the father I feared that there was little, if any, hope of recovery. Both father and mother bowed before me and begged to 'give life,' as they express it here. I told them only God could do that, but we would do all that we could, and I left them medicine and the necessary directions, promising to return in the morning.

"Now this child was the only son of these people, and their love for him was just as strong as that of fond American parents. Like Americans, they wanted to leave nothing undone that could be done for their darling. After examining the little boy I told the father that he was dying: I could do no more for him; that God was surely going to take him very soon to his heavenly home. Then the father bade the Korean doctor to again try his skill. The first thing this doctor did was to make a little pyramid of a brownish-looking powder upon each breast of the child and then to set it afire. As it began to burn the tender skin I begged the father to have it removed, and I said to the doctor, 'You know it can do no good,' but he only calmly smiled as he obeyed

the now almost frantic father's command to go on with his treatment. He then took out from its sheath a needle, half-way between a darning needle and a surgeon's probe, in appearance, and this he proceeded to stick through each foot, the palms of the hands, the thumb joints, and through the lips into the jaw, just below the nose. Again I tried to make him stop, but he said it was 'Korean custom.' I replied, 'It is a very bad custom,' and that, though in this case it would result in no further harm, as the child was dying, yet it was exceedingly cruel. In cases of recovery from disease, inflammation of these punctured joints is sure to follow, and often suppuration with death of the bones so that amputation of the foot and hand is the only radical cure. Many such cases have come to me at the hospital."

In India we can boast of a civil service under Great Britain probably second to none in the world, and under England's beneficent rule there has been developed a medical service probably unequaled in efficency by any in the East. It is nevertheless authentically stated by Sir William Moore, for years the surgeon-general of India, that the present system of medical aid in India, elaborate and expensive as that system is, does not reach five per cent. of the people. In the Bengal Presidency with a population of two hundred and twenty-eight persons to a square mile (in the United States there are about twenty-three) only one-fifteenth of the people live within five miles of a

dispensary, and there is only one dispensary to every 270,000 of the people. In the large cities where the greater part of the medical work is maintained under the government,—as for instance Calcutta,—statistics show that over one-half of the people die unattended in sickness either by a professional doctor or by native quack. In the whole country where disease is generally much more prevalent, more sudden in its onset, and more fatal in its results than in western lands, the sanitary conditions are also such that if an attempt were made to construct sanitary works on the basis of England's system, it would cost annually more than the present entire revenue of the country. Clearly, then, medical assistance is more urgently needed than in America ; yet, including educated physicians, native and foreign, India has one doctor to about 300,000 people, while in the United States there is one to every 625 of the population.

The incurable in India themselves form a large population. It is estimated that there are between 300,000, and 500,000 lepers who roam the country far and wide, and for whose and the country's welfare there is no attempt at segregation and comparatively little at treatment. There are 458,000 blind, the large majority of whom are blind from childhood and mostly either because of ignorance on their own part, or that of their parents, because of malpractice at the hands of the ignorant quacks, or because of their residence in remote districts and consequent inability

to secure competent aid from intelligent practitioners. There are 191,000 deaf and dumb, 76,000 insane, and a host of other cripples and unfortunates for whom modern medicine and surgery can do little now, but whose diseases might have been largely prevented had medical aid been available at the proper time. Even now but a fraction of this disabled multitude have had the benefit of institutions so common among us for the care and relief of such persons.

Quackery, malpractice, superstition and caste are yearly responsible for the painful distortion of thousands of limbs, for the irreparable loss of thousands of eyes, for the deplorable and culpable destruction of hundreds of lives, and for the untold agonies of multitudes who perchance recover, in spite of, rather than by the aid of, the barbarous native treatment. The doctor who bases his therapeutics on the supposition that the pulse in disease has either wind, water or phlegm in it, and applies a hot iron for the relief of the most trivial complaints, manifestly is both basely ignorant and intensely cruel, yet this only illustrates the knowledge and skill of the average quack upon whom the masses in India are still dependent for medical aid, if indeed they are not, in addition, obliged to run the entire gauntlet of the idol, priest, conjurer and astrologer in quest of relief from painful disease. But what of those who, without either quack or intelligent medical assistance, yearly depart this life in India? In 1892, 750,000 were estimated to have died from

cholera and 4,500,000 of fever. A Dominion of Canada blotted out of existence by these two diseases alone in a single year, not to speak of the tens of thousands who fall victims to smallpox and the various intestinal diseases so prevalent in the land! Surely this appalling mortality calls for additional help in the work of medical missions.

The death rate among the British soldiers in India was reduced from sixty-nine per mille in 1857 to fifteen per mille in 1882. A death rate among the natives reduced from fifty to twenty per mille would mean the saving of 8,600,000 lives a year and probably 5,000,000 cases of avoidable illness. Oh, what an opportunity for the sanitary expert, what a task for the bacteriologist, the pathologist and the fever specialist; what an opportunity for the Church of God to save these precious lives, to redeem these perishing souls! An opportunity which brings to the medical profession tremendous possibilities and to the Church of God stupendous responsibilities.

The British Government has established in India over 2,000 hospitals and dispensaries; it has established several medical schools for the education of native physicians and a number of lesser schools for the training of hospital assistants and nurses. In addition the medical missionaries, men and women numbering about 130, have under their charge some 160 medical institutions. But what are all these combined among the sick of India's 287,000,000?

Chicago alone possesses more hospital beds than there are for the use of the natives in the whole of India.

The Government conducts its medical work chiefly in the large cities, and cantonment centers, but the mass of the people live in villages remote from these medical centers and hence, cannot, if they would, secure competent medical assistance.* The villages are the strongholds of disease for which the people have no relief. They are, moreover, the hotbeds of vice and of superstition. It is there that ignorance is both dense and degrading. It is in these well-nigh countless villages that the medical mission in India is most demanded.

The women of India call for thousands of consecrated women physicians. There are tens of thousands of sufferers confined in the harems and zenanas of India who can only be treated by women physicians. This means that there are millions, who, if they are to hear the gospel message, must hear it, humanly speaking, from the lips and through the work of women medical missionaries.

On the basis of England's supply, India's needs call for an addition of 190,000 physicians, and even this would not be half the rate of America's supply. Are not these facts the "finger of God" that points out the way of duty for hundreds of us still unsettled as to a field of largest labor?

* India has 566,000 villages with a population of less than 500 each. 42 per cent. of the people live in villages of less than 100 each.

Africa. The medical mission in portions of the "Dark Continent" has been less satisfactory from a medical standpoint than in some of the other great mission fields, nevertheless, it forms an integral part of missionary operations all over the land. Africa, to Europeans, presents the most trying of all climates, it is the most disastrous to life of all mission fields. With the exception of parts of Egypt and South Africa, it were a wise rule that would limit the number who go as missionaries to those who themselves have a knowledge of medicine, or who could go accompanied by a physician. The success of missions in Africa, from a human standpoint, probably depends more largely upon the inherent ability of the missionary to resist the inroads of African fever than on any other physical qualification.

Owing partly to a better knowledge of the climate on the part of the missionary himself, and owing largely to the accumulated experience of medical missionaries and other explorers who have arduously labored to secure professional knowledge of the death-dealing districts in many parts of East, West and Central Africa, mission work is now carried on at less risk and loss of life than it once was. And if for no other purpose than to care for the health of the missionary families, and by his presence to make things endurable, the medical missionary in Africa is indispensable.

Medical work for the natives, though apparently

unattended in general with the physical results achieved in other fields, because of the greater prevalence of superstition and the greater density of ignorance, is, despite these obstacles, fraught with gratifying consequences. A considerable number of hospitals and dispensaries have been established and excellent physical as well as spiritual results have followed. The work is received with growing intelligence, and is yearly becoming appreciated more and more, for its own sake.

The horrible depravity, the frightful cruelty and the appalling ignorance of the people with regard to the causation and cure of disease, only serve to intensify rather than to limit the loudness of the appeal which the "open sores" of the Dark Continent so strenuously and pathetically present. This great continent, with an area equal to North America and Europe combined, and until a few years ago largely marked on our maps as "unexplored" and "sandy desert," is found to be teeming with a population of two and a half times that of the United States, and to be surging all over with disease of every kind. During a day's visit to Port Said, Egypt, I saw scarcely a native whose eyes did not present ophthalmia in some form or stage. If this is the condition in a city where medical assistance is easily available, what must it be where disease abounds and no physician exists?

African "medicine men" are, all over the land, a curse rather than a blessing to the people. They in-

crease rather than diminish suffering. All pain and sickness is looked upon as a judgment from God, and the most highly-valued remedies are charms. "All they know of medicine is associated with pain. A wound is plugged with rags or leaves. Fevers are treated with indifference. Rheumatic pains receive the heroic treatment of hot irons thrust into the affected parts. Fractures are allowed to unite without help, or are handled freely instead of being kept at rest. Teeth, if extracted at all, are pulled out in such a manner as to cause tears to flow and draw forth cries of intense pain. Tumors are freely punctured with sharp sticks. Everything must hurt to do good. The medicine man is an object of dread and fear, carrying around in his 'bag' all manner of instruments of torture, and 'medicines' having the ugliest and bitterest properties possible to obtain."

In the midst of this great continent a few score of physicians, government and missionary (less than seventy-five of them medical missionaries), are laboring, overwhelmed by the cruelty and staggered by the ravages of disease all about them. They are faithfully fighting sickness and death but, alas, with what tremendous odds! A hundred thousand physicians would not be half sufficient to stem the tide of pestilence and plague that is constantly sweeping over the land. The call from Africa is imperative, pathetic, strenuous. Language fails to furnish terms

with which to describe the fearful suffering, the appalling wretchedness that everywhere abounds as the result of cruelty and depravity. Ethiopia mutely stretches forth her hands toward the west for medical help. Fain would she "stretch out her hands unto God" but she knows him not. Fettered by the darkest superstition, and enslaved by inconceivable ignorance and the most atrocious cruelty, she is still without the light of the Cross and the knowledge of Him who was called from her own borders and died to redeem the souls of her dusky children. Heroes have bled and died for Africa that they might plant in her the seed of the gospel. Multitudes are still needed who shall live and labor to reap the harvest now preparing by the Lord of the harvest himself. Who will bear to Darkest Africa the banner of the cross and physical relief ?

South America. From a purely missionary standpoint, South America is one of the very needy fields of the world. This immense continent right at our very door with 38,000,000 of people within an area of 7,000,000 square miles—nearly twice the size of Europe —has within its priest-ridden borders millions of souls as destitute of saving Christianity as the darkest pagans in Asia.

"South America, divided into fourteen countries, includes people of nearly every race and language, including the degraded Fuegians of Cape Horn, who when discovered had drifted so from old traditions

that they retained no word for God. The Spanish and Portuguese element is politically dominant, while the red men constitute the main stock of the population. Her cities are among the gayest and grossest in the world. South America groans under the tyranny of a priesthood which in its highest forms is unillumined by, and is incompetent to preach, the gospel of God's free gift, and in its lowest is proverbially and habitually drunken, extortionate and ignorant."

In a land where Roman Catholicism is so terribly intolerant of other faiths and so tyrannical, especially with regard to a pure Protestantism, the task of disarming prejudice and of securing desirable approach is obviously a most difficult one. Hence the medical mission is of peculiar value among such people.

In most of the South American republics there are native practitioners, who, though comparatively large as regards numbers, are poor as regards efficiency. In some of the republics, medical laws require an indigenous degree or the passing of state examinations in order to practice. In other parts of the land practically no restrictions to physicians with a North American degree exist. Chiefly among the aboriginal tribes in the remote districts are medical missions most needed and desirable, but even in the great cities they would certainly become a potent influence for good. In South America, perhaps more than in any other field, the feasibility of self-supporting medical missions obtains. Here is a country exhibiting

fields and opportunities for Christian medical work, and possessing a variation of scenery and climate that leaves few without excuse, who, on the ground of temperament, constitution or circumstances may be providentially hindered from undertaking work in a more remote and trying climate.

South America is indeed the "Neglected Continent." She is morally soaked in sin, she is physically rotting with disease. While her ignorant millions are either surfeited with superstition or held in the abject thraldom of death-dealing depravity, with suffering enough in this life and practically no hope for the life to come, with the notorious overcrowding of physicians in the North Continent and in view of the needs and obligations of the South Continent, might not the former spare a regiment or two of her Christian physicians for this field of spiritual desolation and physical corruption? Thus we might happily interpret the "Monroe Doctrine" and obey the higher doctrine of loving our neighbors as ourselves.

"In Persia," says the Rev. S. G. Wilson, "the old medical practice is very deficient. At its best it is unscientific, but mixed with superstition it is still worse. The conjurer and the astrologer are the companion of the physician. The Vendidad of Ancient Persia says: 'If several healers offer themselves, namely, one who heals with a knife, one who heals with herbs, and one who heals with the holy word, it is the latter who will best drive away sickness from

the body of the faithful.' The astrologer consults the stars as to the favorable time for calling the doctor and which one shall be called, and whether the medicine he has given shall be taken."

In Arabia the situation is, if anything, more appalling than in Persia. Few countries are in greater need of medical missions than these two great adjacent Mohammedan kingdoms of Persia and Arabia, and in few countries have medical missions proved more valuable in preparing the way for, and commending the work of, Christian missions.

The following incident told by Dr. Jessie Wilson of Hamadan, Persia, illustrates the deplorable superstition among the people and the consequent difficulties in prosecuting medical work: "A poor woman was brought to the dispensary. Her father came in carrying her on his back from the other side of the city, her mother also accompanied her. She was so ill that she could not hold up her head. I told her mother that there was no hope of her recovery and that they must take her home at once, but that I would give her a little medicine and would come to see her in the evening. When I went in the evening to her poor home I asked how she was and they said: 'Praise God she is better.' By the way, they always use this expression even though death be at the door. Imagine my disgust to find she had not touched my medicine because of the old, old excuse that is ever newly brought forth—that is, 'some one sneezed and

we did not dare to give the medicine.' Instead of giving my medicine they had got half a bushel of manure (if you will excuse me for saying it) and had warmed that and wrapped the poor hot head and forehead in that, only leaving the face exposed. She was indeed a sight to behold."

Medical missions have been abundantly blessed of God in Persia. Missionary physicians have been honored by appointment to the position of "private physician" to the highest officials, and through their work the gospel seed has been sown far and near. But for the medical missionary, residence by other missionaries in Persia would be largely impracticable and their work far less tolerable than it is. Missionaries and official dignitaries are alike dependent upon the Christian physician for intelligent medical assistance.

Arabia's 8,000,000 inhabitants are practically without competent medical aid, save as it is furnished by medical missionaries. The following, from the pen of Dr. Wyckoff, of Bahrein, tersely describes the need in the dark land of Ishmael: "In proportion to the need for medical assistance is its power for good. There is great suffering in Arabia, and no native skill to relieve it. The so-called medical treatment by the natives is cruel in the extreme. Burning holes in the body to let the disease out, branding sick children with red-hot bars, chopping off wounded limbs and sealing them with boiling tar, are only an illustration

of their methods. They go blind in the fierce glare of a tropical sun, when simple eyewater would save their sight. The medical missionary therefore is a messenger from God. People will travel great distances to meet him and he is thronged with patients. Relieved or cured they return with a gospel message and a portion of Scripture, thus in a small sense becoming missionaries themselves, and preparing in the desert a highway for our God, where as yet no Christian missionary can go."

A small hospital under the British at Aden and another under the Free Church of Scotland, and the medical mission of the American Dutch Reformed at Bahrein—the physicians not numbering more than half a dozen for the whole land—furnish practically all the medical aid Arabia receives. Medical missionaries to work as pioneers are especially in demand in this long sadly neglected land of the Arab. Eight to ten millions of people in Arabia are practically without educated physicians, save those just mentioned. What is true of these two countries is true, but in a less degree, of many parts of Turkey, yet the need is intense enough in any part, especially in Armenia.

Siam and Laos are countries in which the medical mission has formed a very large and important part of mission work. Here, some six millions of people are substantially dependent upon the medical missionaries of the American Presbyterian Board for intel-

ligent medical assistance. "The Siamese believe the human body is composed of two classes of elements, visible and invisible. The bones, flesh, blood, etc., belong to the former, wind and fire to the latter. The external elements acting on the bodily elements cause health or disease, as dropsy, caused by too much water being absorbed into the body during the wet season. To cure lockjaw, the prescription runs: Portions of the jaws of a wild hog, a tame hog and a goat, of a goose bone, peacock bones, tail of a fish and head of a venomous snake."

And what of lands yet unoccupied? Indo-Chinese countries, Afghanistan, Beluchistan, Nepal, Thibet, with a combined population of more than ten millions, all await the advent of the educated physician. The Malay Archipelago with an estimated population of 27,000,000 is practically destitute of medical aid, save as it is administered by a handful of less than a score of trained doctors. Some 1050 islands of the Pacific with a combined population estimated at 9,000,000 are still without the Christian missionary and Christian physician. "The field is the world." Turn where we will, go where we may, in heathen lands the fact immediately confronts us, the appealing, the appalling fact of a harvest enormously plenteous, and of laborers desperately few.

CHAPTER IV.

FUNCTION OF MEDICAL MISSIONS.

THE function of the medical mission is primarily physical; it is, however, supremely spiritual. It is primarily physical, because in the majority of the cases which it is designed to help, the physical needs are immediate ones, and what is to be done must be done quickly. Besides, it is the door of approach and often the most "effectual door" to the greater and eternal needs of the patient. How often Christ himself won entrance to the hearts of sin-sick souls by healing their bodies. "Himself took our infirmities, and bare our sicknesses" (Matt. 8:17). He himself was "touched with the feeling of our infirmities," but the same Saviour declared: "What is a man profited, if he shall gain the whole world and lose his own soul?" (Matt. 16:26). The heart, softened by disease, is often the most impressionable to the stamp of God's redeeming love. The relief of suffering is the duty first at hand, but the saving of the soul is paramount and supreme, and though the former may take temporary precedence of the latter in order of accomplishment, it is nevertheless tributary. More-

over, we do not always know whether it is the will of God that the patient should recover, and our efforts to relieve sickness may altogether, or in part, fail, but we have constantly the assurance that God willeth not the death of any soul. "That ye may know that the Son of man hath power on earth to forgive sins, (then saith he to the sick of the palsy,) Arise, take up thy bed, and go into thine house" (Matt. 9:6). Jesus thus emphasized the importance of his sin-forgiving mission, while the healing miracle exhibited his sympathy for the sick, and proved also his power on earth to forgive sins. He brought in a full salvation and "restored wholeness to the entire man." "First a missionary and secondly a physician," is a rule which indicates the relative importance of the "teaching" and "healing" work of the missionary physician.

The one feature that distinguishes the medical mission from that of the ordinary state institution is that it combines in itself "the double cure,"— healing for soul as well as body. On the basis of pure humanitarianism, this mission is clearly worthy of the heartiest support of the Christian Church, as as well as that of the State, but if merely physical results constitute the sole aim of a medical mission it remains no longer a missionary, but becomes a secular, institution. It is rather "omissionary" than missionary. The best physical results, however, are always to be striven for, since it is often by securing to the patient the largest physical blessing that we can

most deepen the spiritual impressions which we seek to make on him for his own good in particular, and for the good of the mission work in general.

Medical missions have secured to tens of thousands of sufferers in heathen lands relief which, apart from the work of the missionary physicians, would never have been enjoyed; but the most lasting results of this work are spiritual. Yet, if for no other reason, the purely physical relief afforded to the sick in heathen lands through medical missions, even if unaccompanied by spiritual results, is in itself sufficient to commend them to the support of Christians and philanthropists everywhere.

CHAPTER V.

ACHIEVEMENTS OF MEDICAL MISSIONS.

All told, there are now approximately four hundred and fifty medical missionaries, men and women, in all lands. Since comparatively few medical missionaries have published separate and detailed reports of the work done under their charge, it is difficult to estimate the actual good accomplished by them in their individual fields. Sufficient, however, has been published to show that the work has been fraught with abundant success and blessing. Not only have tens of thousands of lives been saved, and hundreds of thousands of persons burdened with disease completely, or in part, relieved, but foundations have been and are being laid by medical missionaries in heathen countries upon which medical institutions are being built up and organizations established for the widespread and systematic relief and prevention of disease. And all this has been accomplished in countries where, until the coming of the medical missionary, the commonest surgical and medical measures known to us for the cure of disease were entirely unknown.

The medical missionary is sometimes the first mis-

sionary an generally the first physician in the field he occupies. His work, though often for a time obscure, is always the harbinger of fruitful harvest in the cure of sickness, the precursor of permanent and widespread blessing to multitudes of helpless and destitute sufferers.

It has been said that missionaries going to foreign countries "bury themselves in the darkest heathenism." Said an English official to the writer in India, after having observed the large numbers of patients treated surgically and medically in our Miraj hospital: "Sir, it seems to me that you are burying your talents beneath a bushel. Would you not find a larger scope for your skill among the more intelligent and appreciative people of your own land?" My reply was, that I was not only content, but happy to labor as a pioneer in my own department, and rejoiced in being made a blessing to those whom I knew to be utterly destitute of reliable assistance, apart from the relief which our hospital afforded.

But the work of the medical missionary does not remain forever "beneath a bushel." Even in this life the compensation of such service brings a hundredfold reward. Not a few have been rewarded with the highest professional positions under foreign governments, and some have received imperial decorations for their skill and devotion in caring for the sick in times of pestilence. Many, too, having endeared themselves to the people, have gone to their reward,

leaving names to be held in everlasting remembrance and filial reverence.

In India, prior to the occupation by Christian England and the advent of Christian physicians, the public dispensary was entirely unknown. They had infirmaries for the relief of aged and infirm cows, but as for the charitable treatment of their own diseased and destitute inhabitants they cared nothing. And even now in India, notwithstanding the large and efficient medical service conducted under the British, large districts containing millions of people are solely dependent upon mission hospitals and missionary physicians for medical and surgical relief. In a single mission — The Kashmir Medical Mission — last year there were treated 12,900 new out-patients, 984 in-patients, and 2,589 operations were performed. Another, The Travancor Medical Mission, operates fourteen different medical stations.

Medical women are the only ones who are permitted to enter the harems and zenanas of millions of the women, and almost all of the medical women in India are missionaries, the majority of whom have been sent from America. There are tens of thousands of sick women in the central and northern portions of the empire who would rather die than have a male physician attend them in sickness and childbirth, but they welcome our medical women, who are annually relieving thousands of sick in their homes and tens of thousands of them in their dispensaries and hospitals.

In China the medical missionaries were the first to establish widespread and systematic work for the relief of the sick. They are still practically the only physicians laboring to educate native physicians and to establish upon a scientific basis the work of intelligently treating the sick. Said United States Minister Denby in his official dispatch of March 22, 1895, to the Secretary of State at Washington: "I think that no one can controvert the patent fact that the Chinese are enormously benefited by the labor of missionaries in their midst. Foreign hospitals are a great boon to the sick. China, before the advent of the foreigner, did not know what surgery was. There are more than twenty charitable hospitals in China, which are presided over by men of as great ability as can be found anywhere in the world. Dr. Kerr's hospital at Canton is one of the greatest institutions of the kind in the world. The Viceroy Li Hung Chang has for years maintained at Tientsin, at his own expense, a foreign hospital."

Dr. Kerr's hospital, to which Minister Denby refers, was established in 1835 by Dr. Peter Parker, a medical missionary, and was the first foreign hospital in China. Dr. Kerr, the physician in charge, during his thirty years of service, has by himself or under his supervision, treated over 700,000 patients and performed some 40,000 operations 1300 of which were for cystic calculi. In addition he has translated thirty medical books into Chinese and, aided by

his assistants, trained a hundred native doctors. Similar work of educating the natives in medicine and nursing is carried on under Dr. Duncan Main of Amoy and also in other mission hospitals in various parts of China.

In Japan, the need of medical missionaries has in most parts of the island ceased to exist; still it was largely from the missionary physicians that the cue of medical work was taken and medicine as a science began to be studied.

The first foreign hospital in Korea was established by, and is still in charge of, a medical missionary under the Korean government.

The first and only hospitals in the islands of Formosa and Hainan were established under missionary societies and are still the only hospitals in operation in those lands.

Siam owes all the skilled medical practitioners whom she possesses to the pioneering labors of medical missionaries. The king's hospital at Bangkok is now in charge of Dr. Hays, a former medical missionary. All the medical work in Laos and practically all carried on in Siam, outside of Bangkok, is conducted by the medical missionaries who treat thousands of patients annually. Three hospitals and six dispensaries are operated by the American Presbyterians. A Siamese nobleman, who had once received a Gospel in Siamese came to a Laos missionary and, asking to be healed said, "Christ healed men and you preach Christ."

In Africa the medical missionaries are in most districts the pioneer and only competent physicians who labor for the relief of the sick natives.

In the island of Madagascar the only medical work is conducted by the medical missionaries and those trained under their care. At the capital a large mission hospital and a medical academy are conducted under the charge of four medical missionaries. Already a number of efficient practitioners have been trained. They enjoy large practices among their own people.

In Beirut, Syria, is the principal medical college and hospital of Asia Minor, The Johanniter Hospital College, and it is in charge of Protestant Christians and missionaries. More than a hundred men trained in this medical college are now engaged in missionary work, and it is safe to say that they annually treat hundreds of thousands of the sick.

In Persia the American Presbyterians conduct three hospitals and ten dispensaries treating thousands of cases annually.

Indeed in the whole of the Turkish empire and Persia, the medical institutions, private and governmental, which they now possess, were established largely, if not entirely, as a result of missionary example in caring for the sick.

Thus it is in some of the Pacific islands and in other fields from which meager, or no reports have been published.

CHAPTER VI.

INFLUENCE OF MEDICAL MISSIONS.

Probably no other agency has been so fruitful in disarming anti-foreign prejudice, in breaking down caste barriers, and, in general, in preparing the way for the preaching of the gospel as the medical mission. The medical missionary has often been able to penetrate the out-of-the-way places, places where religious opposition has been most severe and race barriers most formidable, districts where the severity of the climate has made it unsafe for any but the medical missionary to enter. With his healing mission as his defense and the word of God as his weapon, the medical missionary has been able to safely traverse tracts of country never before trod by Christian feet. In districts once visited, his return is eagerly looked for. And in the train of his pioneering labors other forms of mission work, besides his own, have been duly inaugurated. For his sake other missionaries are not only tolerated but frequently welcomed. The physician's presence has not only saved the precious lives of other missionaries, but has often made the continuance of a station possible, when, otherwise, abandonment would have been inevitable.

Government officials and dignitaries have been reached with the gospel message by the missionary physician when by others they were unapproachable. Thousands of homes, harems and zenanas closed against the clerical missionary have been open to the Christian physician, and their occupants, for the first time, have heard the gospel message from the lips of the person who was himself or herself a physician.

During the writer's experience of six years in India, it was his privilege to make over seven hundred visits to people in their homes. Many of these were the dwellings of secluded women, native chiefs, and high caste Brahmins,—most of them homes into which the mere fact of being a physician made entrance possible, and not a few of the natives who at first were disposed to obstruct our work, and some of those who actually did attempt to frustrate our plans, are now among our best native friends.

Mission stations, too, have repeatedly resulted from the preliminary labors of the medical missionary. Officials have been appeased and won over as friends to the mission cause, building sites and buildings have been secured, often as gifts from alien governments. Mission stations have sometimes been established by medical missionaries at the invitation, and by the assistance and coöperation, of heathen states. Miraj, our own station, is a single instance of this. Soon after our arrival we were publicly invited to begin our medical work where for several years official in-

fluence had prevented the establishment of a mission station. Stations thus opened in due course inspire, side by side with the hospital and dispensary, other forms of missionary effort.

It is, moreover, a fact that not only have individuals been approached, homes entered, stations occupied and districts prepared by the medical missionary, which apparently could not have been effected by any other class of workers, but whole countries have been opened up to the gospel by the elemental labors of missionary physicians.

It has been said that "China was opened to the gospel at the point of the lancet" by Dr. Peter Parker. Dr. Allen, an American medical missionary, was the first Protestant foreigner to reside permanently in Korea. He was ultimately put in charge of a hospital built for him by the king of Korea, and later he was also one of a Korean embassy to the United States Government at Washington.

Formosa was opened up largely by the work of medical missionaries. Dr. G. L. Mackay of the Canadian Presbyterian Mission was the first missionary to North Formosa, and the first to build a hospital there. At first he had almost to compel his patients to come to him. During fourteen years of service he extracted 21,000 teeth in his hospital and on tours, and by this simple operation he has won his way to the hearts of thousands of people.

Siam is another illustration of a country opened up

to mission work largely through the influence of the missionary physicians, Drs. Gutzlaff, Bradley, and House who were the pioneer missionaries.

In India states and districts have been prepared for the gospel mission by its own handmaid, the medical mission. It is an old but a little known story which relates that when in the year 1636 a princess in the family of the Great Mogul had been dreadfully burned, a message was sent to seek the help of the English surgeon at Surat. Dr. Gabriel Broughton was sent, healed the princess, and in return was asked by the emperor to state what he desired for himself. "Let my nation trade with your nation," was the reply, and the establishment of the East India Company's power on the Coromandel coast was the result.

In Japan, during the inception of missionary work, fields outside of the open ports were opened and held by the establishment of dispensaries by medical missionaries. At the centers where it was carried on it broke down the prejudices and opposition of religious teaching and "opened the way for general evangelical work."

Similarly in the Turkish empire, Persia, Arabia, and throughout the length and breadth of the great Dark Continent of Africa have medical missionaries been used of God in preparing the way for the coming of his kingdom.

The establishment of missions has not been the only

result of the medical missionary's pioneering labors. Commerce with western and civilized nations, amounting now to millions of dollars annually, is another of the significant results.

CHAPTER VII.

SPIRITUAL FRUIT.

Among the immense numbers of patients annually treated in mission hospitals and dispensaries the number of baptisms resulting immediately from the work is, as a matter of fact, relatively small. This, however, is not surprising in view of past history and present conditions. The history of our Saviour's ministry of mercy repeats itself in similar work conducted in his name to-day. To the multitude who had been fed by his miraculous expansion of the five loaves and two fishes, he said, "Ye seek me, not because ye saw the miracles, but because ye did eat of the loaves, and were filled" (John. 6 : 26). There are always those who care for nothing but the loaves and fishes, and some who have not learned to be thankful even for these. But the majority are manifestly grateful for the physical good done them, and many give earnest heed to the word spoken for their spiritual good. The fact should not be overlooked that the majority who are the recipients of medical treatment are themselves profoundly ignorant, their consciences are seared, their perceptions are blasted

and their spiritual apathy is intense; hence the fact of their physical need appearing to them the more pressing, since it is the more tangible, is not to be wondered at.

The majority of those who are brought to the dispensary by the diseases which they seek to have relieved by coming, hear for the first time the voice of God saying, "Repent, and believe the gospel," "Repent, and be converted." It is often in the dispensary or the hospital that they hear for the first time the fact that there is a gospel, a salvation, and a Saviour. It is there that they learn, as never before, that repentance in order to salvation is necessary. It is there they hear that "God so loved the world, that he gave his only begotten Son, that whosoever believeth on him should not perish, but have eternal life" (John 3 : 16).

In the light of experience in Christian lands with an inherited Christian environment,—where moral influence and national sentiment are on the side of gospel obedience, and where, though hearing the gospel proclaimed scores and hundreds of times, multitudes still reject it,—it is scarcely to be wondered at that among heathen nations, where national and family sentiment, the influence of pagan systems, satanic idolatry, and grossest superstition are all rigidly opposed to Christian thought and light, large numbers of people upon a single or manifold presentation of the gospel do not publicly accept its teaching, even when accom-

panied by bodily blessing. "Many are called, but few are chosen" (Matt. 22 : 14). It is ours to do faithfully the calling; God alone can do the choosing: and in this respect the hospital and dispensary are abundantly fruitful as they accomplish the fulfillment of Christ's command to "witness among all nations."

But supposing medical missions were actually devoid of real spiritual results, the example, teaching, and spirit of Jesus himself would all impel us to acts of mercy made necessary by the tremendous physical needs of peoples among whom missionary work is presented. Medical missions, however, are by no means wanting in actual spiritual results. Patients are frequently converted and baptized as the result of hearing the gospel in the dispensary, or of residence in the hospital. Many go back to their homes, often many miles distant, and carry with them the glad news of salvation which they themselves have received, and often ere they accept it themselves they tell it to others.

The physician in charge of the hospital in the London Mission at Amoy, China, reports that hundreds of villages are yearly represented by the patients. As the result of the conversion of one man, a hospital patient, seven Christian congregations were formed. The English Presbyterians at Swatow some years ago reported that of their twenty country stations then in existence, seven or eight had their origin in hospital patients who had been converted while receiving treatment.

Dr. Mackay of Formosa reports that from the visit of one man to the hospital four congregations of Christians, with a membership of three hundred and fifty and double that number of adherents, were established.

Between three and four hundred different villages, many of them fifty to one hundred miles and more distant, are annually represented by the patients who come for treatment to the writer's hospital at Miraj, Western India. They all alike hear the gospel and carry back gospel tracts and gospel portions to their village homes. Our tracts given to the patients have gone to scores of villages seldom, if ever, visited by a missionary or native Christian. There are Christian churches and schools in almost every land where medical missions have been prosecuted, the establishment of which is either directly or indirectly traceable to the work of healing the sick by missionaries.

Said Dr. Peter Parker of Canton, China: "I have no hesitation in expressing it as my solemn conviction that as yet no medium of contact and of bringing the people under the sound of the gospel and within the influence of other means of grace can compare with the facilities afforded by medical missionary operations."

It is not the sick alone who are benefited by the medical mission. It is quite common for patients to attend the dispensary or reside in the hospital in company with one or more attending friends. These

persons are also brought under the influence of Christian teaching and they, too, are additionally influenced by the object lesson which the Christian treatment of their friend exhibits.

Among the millions of ignorant and degraded heathen and Mohammedan inhabitants of eastern lands who not only have never been taught the sinfulness of sin and the need of divine forgiveness through the atonement of a Saviour, but who for many centuries have taken continual pleasure in their deeds of darkness while they make God himself responsible for their wickedness, the missionary finds the task of expounding abstract Christianity a most difficult one. But by following the footsteps of Him who continually went about doing good, he can commend the gospel of mercy by deeds of mercy; he is able not only to make clear his teaching, but he can win entrance to hearts otherwise hermetically sealed against himself and his teaching.

In India, and similarly elsewhere, with the grossest idolatry everywhere rampant, the average ignorant and degraded heathen knows little of God, save as he is illustrated in the piece of clay, wood, or metal which represents God's supposed incarnation. To a people so intensely ignorant and depraved it is the concrete, tangible and practical Christianity that appeals to them most strongly and teaches them most effectively. It is the common experience of all missionaries to meet people who regard themselves so

ignorant as to be incapable of understanding the simplest Christian truth; yet such persons will seldom fail to learn the object lesson which the caring for the sick itself imparts. In other words, they can apprehend by the sense of vision what they are unable to take in by the sense of hearing. Persons having no personal interest in mission hospitals see in the work itself proof of the divine character of Christianity, and are thereby drawn to the Christian services. Indeed, there are few forms of mission work that are not directly benefited by the organization of a medical mission. Thus it is that the medical mission everywhere stands for the spiritual blessing as well as for the physical good of the people for whose sake it is conducted.

Of course, it is in the hospital where the Christian instruction given can be graded and systematized that the spiritual fruits of mission work are most apparent and enduring. The greatest utility of the out-door dispensary is the means it furnishes of reaching the largest number of persons. But either in hospital or dispensary, who can estimate the immense value of the bread so widely cast upon the waters?

CHAPTER VIII.

VALUE TO MISSIONARIES.

Not least important in the ministry of physicians is the place they fill in caring for the physical wants of sick missionaries on the field. In the interior of most foreign lands, the only medical aid available is that rendered by the missionary doctor. Excepting in the principal seaports of China, Africa and Turkey, in the large cities and cantonment centers of India and in a few corresponding places in other lands, the only skilled physicians at hand are those possessed by the missions themselves. It is a matter that calls for gratitude to God that the lives of the missionaries—the most valuable commodity of a mission—have frequently been saved, their health preserved and sickness avoided, by the timely attendance and advice of the resident missionary physician. It is a matter to be regretted, that, not infrequently, devoted and earnest missionaries eager to preach the gospel in new and remote districts, have prematurely sacrificed their life, or permanently injured their health for the cause, when with a knowledge of medicine on their own part, or the help of a competent physician, they might

have saved them to the greater good and enlargement of the work that they sought to establish. Not infrequently have missionaries been obliged to permanently retire from the field, owing to acts of indiscretion and ignorance in the care of their own body which the presence and advice of the medical missionary might have prevented. The value of a physician's presence in a mission is manifested most during his temporary or prolonged absence from his field of labor. Such absence, when not provided for by a substitute, has often led to the crippling of both workers and work. Missionaries, in these circumstances, have frequently been obliged to cease work and leave their fields, often permanently, and at great expense, when the presence of a physician in the district might have prevented such a calamity.

Governments in organizing military expeditions are careful to provide that competent medical officers are commissioned to accompany them. The life of him whose mission it is to save life, should be at least equally valuable with his whose work may compel him to take life. There is not a large tea plantation in India that has not its own physician. Some of our missionary societies would do well to imitate the example of both government and private corporations prosecuting their work in foreign countries. It is not that missionaries should be unwilling to go where there are no resident physicians, but where medical attendance for the natives is also a necessity, the work for

both people and missionaries can always be satisfactorily and profitably combined. In some lands, as in certain parts of Africa, if it were only to care for missionaries, a sufficient number of medical men should be appointed so as to place one within easy reach of every worker.

Says one: "Imagine yourself a missionary at one of our mission stations without a physician. A mother, a missionary, in one such place in Western Asia, found her two little children ill; one died. She then took the other and journeyed six days to the nearest doctor. 'Too late,' he said. She turned and journeyed back. The second day that child also died, the rest of the way she traveled with her dead child in her arms."

Christ sent forth his disciples in twos. Would not that be a happy combination that would provide for a medical missionary to accompany every clerical missionary in every station, where outside medical aid is not readily available?

CHAPTER IX.

SUPPORT OF MEDICAL MISSIONS.

Can a medical missionary secure his personal support on the field? Can the work of a medical missionary be self-supporting, and if so, to what extent? These are questions often asked, but less often satisfactorily answered. This is owing primarily to the different conditions existing in different fields, and owing, secondly, to the diversity of method and principle observed by different missionaries and missionary societies. Obviously to reply to these questions in detail would occupy more space than the purpose of this book can allow. It will, therefore, be deemed sufficient if what seems to be generally conceded by those of largest experience and whose opportunities for observation have been widest, is stated.

It is affirmed by some, who have never themselves been on the field, that all a medical missionary requires in order to successful work and complete self-support is missionary devotion, a medical education, expenses to the field and financial provision while studying the language. In controversion of this statement it may be confidently affirmed that, with the

exception of those who may be supported in whole or part by native governments in lieu of service rendered to the State, there are few, if indeed any, who can be said to receive their entire personal support independent of either personal income or the allowance provided for them by missionary societies or individuals at home. In Mexico and South America where the average income of the inhabitants approximates that of our own country, personal self-support of the medical missionary is apparently more feasible. But in lands throughout the East, where the average wage does not exceed a few cents a day per family, it is clear that the people after defraying necessary living expenses can have little left to pay even what a Western physician would regard as the merest nominal fee. If it were the rule to charge for medical consultation, a few cents a visit is the most that the minority would be able to provide, while the vast majority would be unable to pay anything. This fact in itself is sufficient to emphasize the need of charitably caring for the sick poor in heathen lands as we do in our large cities at home.

There is, however, in all lands a varying percentage of well-to-do persons who among their own people are regarded as wealthy and who, when calling the missionary physician to attend their sick, are competent to pay liberally for his service. From this class the medical missionary may derive considerable support, but of course even this will vary according

to the number of such persons living in his district. Yet among the wealthy, especially if they are officials, it is not always desirable to demand a fee, since prestige may be of greater value than money where the general interests of the work as a whole are considered.

The writer received from the above class almost the whole of the fees secured and needed for the maintenance of this work. In most cases a definite fee was asked according to the known or supposed ability of the patient. With regard to high officials the amount was left to their own generosity, and they, knowing our custom of receiving fees from those having ability to pay for service, in most cases responded with more liberal sums than we ourselves would have demanded. From others, again, nothing was received, but their good will and patronage were always considered of greater value than their fee.

Medical missionaries resident in the large interior cities are more likely to receive the patronage of the rich than those residing in the villages and small towns, inasmuch as the majority of the wealthiest classes reside in the larger places. But under the most favorable of circumstances, complete personal support, with the few exceptions already indicated, has not hitherto been realized and for the obvious reason that the number of those having ability to pay a fee is but a fraction of the great multitudes of the

poor and impecunious who will throng the medical missionary for treatment.

Assuming, however, that it were possible to secure from the patronage of the richer classes the complete self-support desired, this itself would, by reason of the special attention such patients demand in waiting upon them in their homes, largely defeat the main object of the medical mission, which is to reach the masses rather than the wealthy. Christ had compassion on and healed the multitudes, and to the multitudes we are sent. It is only as we reach the masses through our hospitals and dispensaries that we can accomplish the most in hastening the coming of his kingdom.

It is true that a limited number of physicians, establishing themselves in large seaport towns in Asiatic countries and limiting their practice to the foreign population and wealthy natives, may secure for themselves a living, but the character of their patients and practice itself precludes the practicability of anything but very limited missionary work. There are, in many of the seaport cities, foreign physicians with lucrative practices, but they are either government servants on salary, or ex-government officials whose former practice under the government had secured for them their professional reputation and patients; or perchance there are a few such physicians in foreign settlements who are and have always been independent of government or other organiza-

tions. It cannot, however, be said that any of these classes of medical practitioners are in any sense missionary physicians, though some among them are doubtless earnest Christian men.

The medical missionary is as really a missionary as any other worker on the field, and as such he is a laborer worthy of his hire. His society should so provide for his personal support as to allow him to give his undivided attention to his work as a missionary as well as a physician. Fees received by him for his services should revert to the home society or with its sanction go toward the maintenance of the work itself. To make a medical missionary depend upon his fees for personal support would be to restrict his usefulness; and to grant him for personal use in addition to a stated allowance from the home society the fees that he might himself secure, would be to foster a mercenary spirit,—a spirit that would be disastrous to him as a missionary and, in addition, to the spiritual interests of his work. The maxim, "First a missionary and secondly a physician," is one that in this connection should be remembered by the missionary society as well as by the missionary physician himself.

The question, How far may the medical missionary's work be self-supporting? is one to which a more hopeful answer may be given than in the case of personal support, for the reason that experience and practice go to prove that self-support for the work is much more possible than it is for the worker. But

with regard to this second query also, the answer must necessarily vary according to country and district in which operations are conducted. In some fields the work itself is entirely self-supporting, in others mostly or partially so, and again in others it is entirely dependent upon the home society. The fact of greater or lesser support of the work will depend in a large measure on the policy and peculiarity of the medical missionary himself. There are those who deprecate the desirability of making the medical work self-supporting, while the majority, probably, believe in at least an effort to make it measurably or completely self-sustaining.

The great medical work conducted under the physicians of the American Presbyterian Board in Canton, China, where annually between 35,000 and 40,000 patients are treated and hundreds of operations are performed, has been for years sustained wholly by gifts secured in the country. This is also true of other work under the China Medical Association of which the Canton work is a part.

In India in some districts in the English territories, government grants in aid have been for years allowed to mission hospitals, while others by the fees and voluntary gifts of natives and English residents, or from profits derived from sale of medicines, have been largely or wholly self-supporting.

The large medical work under Dr. Chester of the American (Congregational) Board at Dindigul, South

India, where more than 20,000 patients are yearly treated, has not, during more than a quarter of a century, cost the home society a single cent.

The South Travancore Medical Mission of the London Missionary Society with medical work at fourteen different centers, covering an area of 2,079 square miles, and treating many thousand patients annually, is largely supported from funds raised in the country.

The work of which the writer has been in charge in Western India has been from year to year increasingly self-supporting. There is a hospital with sixty beds, and a large out-door department, where between 10,000 and 15,000 patients are annually treated. This establishment is more than half self-sustaining from the fees charged to, and given by patients. We receive no state aid whatever.

In Siam and Laos through gifts from the king, gifts from well-to-do patients and from sale of medicines, the medical missions,—the extensive medical work conducted under the American Presbyterian Board,—has been in a large measure self-supporting

In Turkey, Asia Minor, Persia, Korea and other lands, widespread medical work is carried on at a comparatively small cost to the home societies. In some instances, patients are allowed to provide for themselves food and bedding or both. Native help is comparatively cheap, and methods of conducting the work are simple and inexpensive, so that for a given sum a much larger number of patients can be success-

fully treated than can be at home. In our own hospital fifty dollars will support an occupied bed for one year. In Indian government hospitals the cost is twice this amount, and in many of our American hospitals six times this sum is required.

The older the medical mission is, the better is the prospect of making it self-sustaining. Self-support of the work is something to be aimed at and striven for, since to provide free treatment to those who are at least able to pay for medicines is to pauperize them and make them dependent. Moreover, the medicines if paid for will be all the more appreciated, and there is not the danger of their being wasted or wrongly taken that there is when they are received gratis.

The actual self-support of medical missions already acquired and the prospective support of such work still to be established or yet in its incipiency are features which commend it to the hearty coöperation, sympathy and aid of the Church and Christians everywhere.

CHAPTER X.

QUALIFICATIONS FOR THE SERVICE.

The question of proper qualifications for medical missionary work has been, in part at least, answered in the foregoing chapters. But inasmuch as a large number of letters received by the writer from students and others with regard to the matter of training and qualifications for the work indicate among many an apparent lack of knowledge and a serious misapprehension of the subject, a concise statement and one harmonizing with the general requirements of the missionary boards is here made.

At the outset, it may be well to state, though it will to some appear superfluous, that no physician or prospective physician, be he ever so successful as a student or practitioner, who is not a professed and conscientious believer in the Lord Jesus Christ as his personal Saviour, should for a moment be considered eligible for the work of a medical missionary. This statement is made for the reason that men have applied to our mission boards for the position when their own greatest need was that which they would by their very profession declare to others, namely, saving faith in Jesus Christ.

It may be further stated, that not all physicians or medical students who are professing Christians, in their present stage of Christian growth, would be considered acceptable for medical missionary work. It may also be said, that not all Christian students and others who may already possess suitable spiritual qualifications would make successful medical missionaries Neither is it desirable or necessary that all missionaries should be medical missionaries, since in some lands, or districts in certain fields, educated physicians already labor and the government medical service is sufficient to provide for the physical needs of the people. Districts thus supplied are comparatively very small. In view of the immense general needs, it would be a useful preparation as well as a wise precaution for every missionary entering interior districts, unless he were definitely appointed beforehand, to work in company with a medical missionary or in a locality where medical help is permanently available, to arm himself with a sufficient * knowledge of practical medicine to be able to meet emergencies in his own family and in those of his native associates. "A little knowledge is a dangerous thing," especially if it is very little, but to a missionary there is probably no kind of legitimate knowledge that will not serve him in good stead on the mission field. True, in some cases missionaries have abused their slight knowledge

* Such study should be confined to elementary anatomy, therapeutics, minor surgery and bandaging.

of medicine by undertaking what they were not capable of successfully performing and thus working harm to the cause, yet the general good sense and judgment of missionaries has not in the aggregate perceptibly permitted the misuse of their meager knowledge of medicine. It should go without saying, however, that no missionary without full medical training should attempt to conduct regular dispensary or systematic medical work of any kind. While it is a fact that by the occasional dispensing of simple remedies for simple diseases, clerical and women missionaries have been able to do good and win for themselves a way to the people whom they sought to spiritually reach, it remains for the fully qualified physician to conduct the work of a medical mission.

The following resolutions, adopted by a conference of the medical missionaries present at the Decennial Missionary Conference in Bombay in January, 1893, with regard to qualifications of medical missionaries, state tersely the requirements which, in general, may be considered suitable for all mission lands:

"We are of the opinion that every medical mission should be thoroughly equipped professionally, and to this end we consider a hospital to be an absolute necessity.

"We also urge that men and women sent to India as medical missionaries should invariably possess*

*With the exception of Turkey and some of the British and other foreign provinces in certain parts of Africa and

legal qualifications, and that none other should be placed in charge of medical work."

To those who have already decided that they will, "God permitting," go as missionaries, and have not yet determined the question as to whether they shall go as medical or clerical missionaries, and to those who may not have decided the question of life work in its relation to the foreign field, but are waiting for light on their course, the following fourfold demands of the work may be useful, as they may help to "think through to a conclusion" these very important considerations:

They are: *First*, good health; *Second*, adaptation; *Third*, professional efficiency; *Fourth*, a consecrated life.

First, good health. The medical missionary is one who devotes his consecrated life and professional skill to the double ministry of healing the sick and preaching the gospel. Clearly his work is intense with heavy responsibilities. Physically and mentally he is ever subject to an exceptional strain. Add to this the enervation of a foreign climate and the occasion for

South America, the laws in foreign mission fields do not require physicians to pass state examinations in order to practice. Indeed, in most of the Eastern mission fields there are practically no laws governing the practice of medicine such as exist in Western countries. The people value, however, most highly, physicians possessing medical degrees. And among Europeans and Americans only those possessing medical degrees are confidently relied upon.

sound health is at once manifest. The student who is able, at the present time, to endure the pressure of a three or four years' medical course in addition to a preliminary education without impairment of his general health or nervous system will promise well for successful endurance on the foreign field. It is not always necessary that a student possess an athletic physique or robust appearance, but the work does call for the power of endurance, a temperament neither nervous nor phlegmatic, a disposition devoid of irritability, but hopeful and courageous. An extraordinarily healthy appearance, though desirable, is not always demanded, but good staying qualities are indispensable. It is not always those who apparently are best fitted to withstand the strain of work and climate that actually enjoy the best health. Indeed, the reverse is often the case. A previous record of good health under continued mental pressure and physical trial at home augurs well for continued good health abroad, and is probably the best guide in the decision as regards bodily endurance abroad.

Second, adaptation. To the student yet in college adaptation for medical work in addition to Christian consecration is a matter to be considered prior to entering the medical school, and in this, the natural bent of his nature, his inherited talents and acquired gifts will largely determine the decision to be made. To the medical student or graduated physician the fact of success and pleasure in Christian work at home

gives the surest prospect of efficiency in medical missionary work abroad. Of all missionaries, the medical should be a versatile missionary. Natural ingenuity, business ability, acquired skill, of whatever character, can profitably be made to subserve his work as a physician. If rare linguistic talent is not possessed, stick-to-it-iveness will generally insure successful acquisition of a foreign language, which, in order to successful work as a physician as well as a missionary, is indispensable.

Third, professional efficiency. By this is not meant professional celebrity. Interpreted in the present instance it means a good all-round medical education, or, in other words, graduation from a medical school of good standing where the course is not less than three years of from six to eight months each. The candidate should be able to pass any of our State Board examinations, and preferably should actually have done so before applying to the Mission Board. A four-years' course is most desirable. In addition to the regular medical course, hospital or post graduate experience should be secured. In any case sufficient experience to inspire personal confidence and insure progressive efficiency on the field should be possessed. General practitioners, rather than specialists, are required. Particular attention should be paid to tropical diseases during the general course, and their special study undertaken after graduation.* Setting

* Broadly speaking, four classes of diseases are more preva-

up private practice in order to secure post graduate experience is generally unwise, since business complications often lead to permanent anchorage at home. Association with another physician, dispensary and hospital work, preferably the latter always, is the best means of gaining desired experience. At least a year after graduation should be spent in this way. Medical missions are not in need of quacks. Any kind of practice of this land may be an improvement on that of heathen lands, but for obvious reasons any kind of practice is not suited for missionary purposes. The missionary physician, as such, is generally alone, and possessing only assistants relatively poorly qualified, their advice he does not sufficiently value to follow; hence he is cast upon his own resources, as he is not at home where a consultant is always easily available. He is possibly a pioneer as a physician, and though probably accompanied by other missionaries, his work is to be established, built up and expanded by dint of his own ability and labor. He will be obliged to aid in, or by himself undertake, the training of his own native assistants. Both for the good of the mission work in general and for his personal reputation on the success of his initial work much depends; particularly if it be operative work, he should have had some experience. Moreover, the precious lives

lent in tropical countries than they are in America, viz: Diseases of the alimentary canal, fevers, skin diseases, eye diseases.

and health of missionaries are often solely dependent, from a human standpoint, on the skill and good judgment which he is supposed to possess. Questions of sanitation and health-change for missionaries will often be submitted for his advice or approval. Says Dr. J. G. Kerr of Canton: "If then the work of the medical missionary is to be a testimony to the character and benefits of a religion which comes from heaven for the salvation of men, it devolves on him to do the best possible work; for in this way only can he attain the best possible results."

Fourth, a consecrated life. Missionary service should always be undertaken as a life service, "God permitting." The medical missionary, like any other, should go to the field prepared to devote his life (with seasons of rest at home) to the work unless providential intervention make its relinquishment a necessity. In his tour of the medical colleges the writer found a number of students who expressed a willingness to enter the service for a time for the sake of the wide professional experience likely to be gained, and who manifested equal unwillingness to devote a life to the work. Practically this was their position: Anticipating difficulty on account of the already overcrowded profession, or because of their own inability to secure a suitable practice at home, they would go to the mission field at heavy expense to a mission board, labor for a few years and, having acquired the desired professional experience, return to America,

and, through the means of their practical knowledge abroad, make for themselves professional fame and wealth and social position. Suffice it to say, the commendable scrutiny of candidates' credentials on the part of mission boards prevents many such persons from reaching the field under their care.

First, then, the medical missionary should be a man possessed of an earnest desire to save souls. Professional experience and the amelioration of suffering, however good and praiseworthy in themselves, are not all that a true medical missionary seeks to accomplish. To secure merely the physical good of a patient is to lose the highest joy which the service itself affords, and to fail in spiritual ministration is to cut the nerve which itself tingles with the real blessedness of the service. To be able to open blind eyes, to straighten crooked limbs, and to save human life, is a work which for its own sake brings delightful satisfaction; but to save a sin-sick soul and to point multitudes of diseased sinners to the Lamb of God is a work which secures the most blessed compensation, the most lasting joy. For, after all, the physician *per se* is largely like a shoemaker who can only patch up old shoes which are soon to be cast aside. Men's bodies may be repaired by the doctor, but sooner or later they go to dust. The work of leading a soul to Christ involves eternal interests. It is a work that never dies.

To the competent physician there is always the

danger of becoming so engrossed in secular duties as to neglect spiritual privileges. There is the danger of becoming ambitious to develop a professional reputation at the expense of losing spiritual power. To avoid this Christ must be in full possession, his grip must be firm and permanent. There should be a desire to do good unto all men for the love of doing it. He who can get down to the plane of the sick and dying heathen and, while seeking to relieve his bodily suffering forgets not to apply the gospel balm to his sin-burdened heart, is the missionary most in demand.

The medical missionary is in a peculiar sense a specialist, but he should ever remember that his specialty is soul-saving. Though his time will be mostly expended in performing professional duties, the supreme and ultimate aim of his labors is to set forth Christ as a Saviour. Zinzendorf's passion, "He, he alone," should be his passion; and Henry Martyn's motto "Burn out for God" his own. His medical and surgical work cannot be too thoroughgoing and he may even delight in his professional work, but he should revel in the luxury of saving souls. Of Ansgar, who lived in Corbie in the 9th century, it is said that heathen and Christians alike attributed to him the power of working miracles. He denied this power, saying, "If I were thought worthy before my God of that, I would beseech him to grant me this miracle that by his grace he would make of me a holy man."

Said Dr. David Livingstone: "I will place no value on anything I have or may possess save in its relation to the kingdom of Christ. If anything I have will advance the interests of that kingdom, it shall be given or kept, as by giving or keeping I can most promote the glory of him to whom I owe all my hopes for time and eternity." How fully Livingstone lived up to this noble purpose and the effect of thus living the testimony of Henry M. Stanley who found Livingstone in 1871, makes clear. He says: "I went to him as prejudiced as the biggest atheist. I was there away from a worldly world. I saw this solitary old man there and asked myself, Why on earth does he stop here? For months after we met I found myself listening to him and wondering at the old man carrying out everything that was said in the Bible. Little by little his sympathy for others became contagious; mine was aroused. Seeing his piety, his gentleness, his zeal, his earnestness and how quietly he went about his business, I was converted by him, although he had not tried to do it." Livingstone's life was swayed by sympathy for the suffering while he strove to imitate Christ. His was a spirit that every missionary physician would do well to foster and imitate.

Second. If the life once consecrated is to be enriched and developed, the first essential is the personal, persistent, devotional study of God's word. A complete theological education, while it may increase

the usefulness of the medical missionary, is not in most cases demanded. In these days of division of labor the missionary will either as such be a successful clerical or a successful medical missionary. He will be either one or the other, though probably not successful as both. But few men have both strength and ability to successfully prosecute the work of two distinct professions. The medical missionary should, however, possess a good general knowledge of the English Scriptures. He should have learned to love and faithfully study the Bible at home to an extent that will insure the persistent continuation of the same study after reaching the field. This is necessary, primarily for his own growth in grace. It is indispensable if he is to lead his patients to Christ, that he should have a clear and comprehensive knowledge of the cardinal doctrines of Scripture. If not already possessed, this knowledge may be secured in some one of our Bible training schools, such as the Moody Bible Institute in Chicago. It may be received conjointly with the medical course, if such a course runs over four years, or during vacations if the course be three years, or at the termination of the medical course, or during the time of post-graduate medical work. The length of such a course will depend to some extent on previous training at home, at college, or elsewhere. His work on the field will be largely confined to the imparting of the simplest gospel truths, since he deals chiefly with the most ignorant and

illiterate. The medical missionary in most instances has little time for profound theological study and literary work, and the time at his disposal for religious reading and development on the field should be utilized in the study of that by which he can best balance his own life, prepare for his patients a simple but faithful message, and for his helpers uplifting instruction.

It is largely with his life that he is to commend the gospel. He will have to teach more than preach. His work on the field will bring him within personal reach of souls and he should for this reason have had experience of personal work for souls at home. The power of oratory and rhetoric, while it has its place with the clerical work, is not essential to the medical missionary. Ability and experience in the study of human nature and aptitude to meet its needs are for him the most valuable requisites. "A Spirit-filled life," which is a "Word-filled" life, if possessed, will insure all this.

Third. He should be a man of prayer. In seeking the highest welfare of his patient he should be prepared to pray with him. He will often be called upon to pray his patients into the kingdom, obstacles out of the way of his work, buildings into existence and courage into the hearts of his helpers. His constant subjection to trying responsiblity demands that he know where to cast his burden. A dozen lives may at once be dependent upon his skill. He is

repeatedly called upon to perform operations which at home are seldom undertaken except by specialists and with all the collaterals of a well-regulated hospital, trained medical assistants and nurses. If he be the pioneer and medical missionary he will have to undertake operations with meager assistance and in the most unfavorable surroundings. His skill and judgment will often be taxed to the utmost. In the writer's experience his first major operations were performed in a bathroom about six feet by ten, and the patients, who had undergone amputation of the thigh, of the leg, an abdominal section, several cataracts and other operations, had their convalescence on the mud floor of a native house. It is under such circumstances that a man is driven to God for help. It has probably been the experience of most medical missionaries, that cases often fearfully desperate have recovered under the intelligent treatment and earnest prayer of the physician, and blessing to the work, as well as to the patient has always resulted. For these reasons, then, the missionary should be able to faithfully "practice the presence of God" as well as to intelligently practice the art of his profession. Christ never taught his disciples to preach well, but he did teach them to pray well.

No amount of medical work should supplant the "still hour" of prayer and Bible study. The time for "aloneness" with God should at all costs be reserved. "Time spent in prayer is saved in blessing. Time

saved from prayer will be lost in power." John Eliot said: "Prayer and pains through faith in Christ will accomplish anything." Nesima said: "Let us advance on our knees."

CHAPTER XI.

APPEAL TO CHRISTIAN STUDENTS.

To Christian medical students as yet undecided as to where and how your life shall be planted in order that it may bear the most fruit,—to you is this fraternal message written.

On the ground of your professed love for and loyalty to, Christ, in his name and for his sake I appeal to you. In view of the world's great needs and the possibilities of your own life in helping to meet them, and in view of the relative opportunities at home and abroad, I plead for your earnest, honest and faithful consideration of this momentous question—this question of your life work, the question of casting the power and influence of your "one short life" where it will count most for God, where it will count most for humanity.

First of all, I ask you to consider the standpoint of the example set by the Great Physician himself. From the standpoint of the life of him whose you are and whom you profess to serve, I submit that it is more Christlike to go forth and minister to the greatest needs of the greatest number than it is to stay at home and be spent in meeting the wants of the comparatively few. I ask, first of all, that you consider this

great question from the standpoint of imitating Christ—the standpoint of accomplishing the most in alleviating the distresses and sorrows of this disease-smitten and sin-stricken world. Side by side with the saving, satisfying life of Jesus, and face to face with the world's needs,—the already overwhelming spiritual, the unutterable and ever increasing physical needs of the still neglected majority of our race,—alone before God is it not your duty, your supreme duty, to place yourself, body, soul and spirit, and then honestly and frankly prove to your heart and conscience why, in obedience to Christ's command to "go heal" in his name, and "witness" for his sake, you should not surrender yourself to him for this service of greatest urgency in the regions beyond?

It is fraternally acknowledged that he is not the greatest physician who makes the greatest name or secures the largest wealth in the practice of his profession, but he who, content with necessary comforts for himself, seeks to carry to the largest number of physical sufferers, the largest number of physical blessings. Even on the basis of this admission the presumption is on the side of the foreign field. But add to this the spiritual possibilities of your life and there is yet a more urgent reason why you should devote your life to the blessed ministry of healing the sick and preaching the gospel among those who still sit "in the darkness and in the region and shadow of death."

You are, perhaps, ambitious. You will do well to consider Paul's two great ambitions. First: He was ambitious not to preach the gospel where Christ had already been named (see Rom. 15: 20 margin). Second: He was ambitious to be "well pleasing unto him" (2 Cor. 5: 9 margin). Should not the end of Paul's living constitute the aim of your life? How better can you be "pleasing unto him" than by placing your life where it helps most in obedience to his last injunction, in preaching the gospel to every creature. Possibly on the ground of inadequate spiritual fitness you regard yourself ineligible. But is this lack not due to your own neglect? What you have not, you may and ought to have. No one has a monopoly of God's gifts and graces. If the evangelistic student can set himself to secure a medical education in order to enhance his usefulness as a missionary, you as a medical student or physician have the same opportunity to enrich yourself as a Christian for the same work. Let your convictions go "heart deep" in this matter. Make it your purpose to know the mind of God, and he will lead you to a safe conclusion as to your future. After all, your chief concern is to know him. Make him King in your life and he will supply your lack of fitness. God is able to make you abound in himself, and he will do for you in the matter of fitness more than you can ask or think if you will but surrender yourself fully to him.

Perhaps you lack courage. The possible vicissi-

tudes of life in a foreign country are a menace to you in this duty of decision. You have heard of riots in China, of atrocities in Turkey, of cannibalism in Africa, and your heart fails within you as you think of leaving home and friends to enter life in a foreign land. But, says Christ : "He that taketh not his cross, and followeth after me, is not worthy of me." "He that findeth his life shall lose it : and he that loseth his life for my sake shall find it" (Matt. 10 : 38, 39). If man can go everywhere for gold, surely you should be willing to go anywhere for God. If for the sake of science eleven leaders of seventeen expeditions sent out in forty years to ascertain the sources of the Niger river, could lay down their lives, surely there should be a willingness on your part to lay down something for Christ's sake and the gospel's. You read and readily appropriate John 3 : 16—"God so loved the world—he so loved me—that he gave his only begotten Son ;" but you fail to acknowledge 1 John 3 : 16—"Because he laid down his life for us, we ought also to lay down our lives for the brethren." But granting your fears of life in a foreign country, they are probably ill-founded and certainly overdrawn. News of a riot in China or a death in Africa startles you, but you forget the thousands of missionaries (now over 10,000 in all) who labor not only unmolested, but who are welcomed and aided by the communities for whom they labor. In the society having the largest number of missionaries under its care in China,

The China Inland Mission, whose present number is 630, not a single worker for more than thirty years has lost his life by violence, and last year in this same society the mortality from disease was only one and one half per cent. The danger to life in an American city with its modern trolley cars, live wires, steamboats, railways, elevators, bicycles by day, thieves, thugs and cut-throats by night, is as a matter of fact greater than that to which missionaries are subject in almost any foreign country. For my own part I regard my life infinitely safer from violence in India than I would in almost any of our American cities, though the risk from the climate itself may be greater than at home. But though calamity should overtake you—this is also possible at home—should you not be willing to make the sacrifice for God and for your fellow-men?

To every true and loyal subject of King Jesus there is but one sphere of service and that is the world. There is but one question of service and that is, "Lord what wilt thou have me to do?". There is but one object of service and that is the glory of our Lord and Master. "The field is the world and the world is the field" as much for the doctor of medicine as it is for the preacher of the gospel, but if you are to glorify him most whose you are and obey him best whom you serve is not the presumption in favor of the field which calls most loudly for your help?

Second. Your services as a physician are most

needed on the foreign field. At home in America there is a physician within a stone's throw almost of every house. There is a doctor in every 625 of the population, while in foreign lands there is but one in every 2,500,000. At home, for every 2,500,000 of the population there are 4,000 physicians. In foreign mission fields there is but one to the same number. In other words, the supply of physicians at home is just 4,000 times as great as that abroad. Greater New York has more competent physicians and helpers than the combined medical forces among 800,000,000 of heathen and Mohammedans. America has two and a half times as many physicians for the population as Great Britain, where it is improbable that any one suffers for want of available medical aid; yet on the basis of England's supply, India could fill the hands of 190,000 physicians, China and her dependencies could employ 260,000 more. These two countries combined demand an army of 450,000 educated physicians to provide medical aid for their teeming multitudes, but Chicago can boast of more physicians and medical workers than these two entire countries possess. And what of Africa, where 100,000 physicians would scarcely be able to cope with indigenous diseases not to speak of the untold suffering resulting from slavery, debauchery, and rapine? Then, too, there is Siam and other Indo-Chinese countries, Persia, Arabia, Turkey which, together at the lowest estimate, would furnish work for 100,000 more. Five

thousand physicians are annually graduated from American medical schools. In view of this fact is any one likely to suffer for lack of medical help if you go as a medical missionary? Surely America is in a position as no other country is to supply the needs of these suffering millions.

Have you ever seriously considered the appalling truth that one-half of our race are still destitute of the commonest physical blessings, which we in Western lands for decades have enjoyed—blessings of which they are bereft, but which you in part have the power to impart? Has it occurred to you that the knowledge which God has given or is giving you may be used of him in relieving the sufferings of tens of thousands, while at home it will probably not benefit more than a few hundreds? I pray you to remember, that what God has given you, he has given you in trust. What he has given to you, you owe to them. "It is a debt from which you cannot escape save at the sacrifice of the instincts of your humanity and the promises of your religion." If you have no mercy on the heathen while you are capable of helping them, what right have you to expect that God will have mercy upon you?

Said Ion Keith-Falconer, a missionary to Arabia: "While vast continents are shrouded in utter darkness and hundreds of millions suffer the horrors of heathenism and Islam, the burden of proof lies with you to show that the circumstances in which God has

placed you were meant by him to keep you out of the foreign field." This is a Christlike maxim and should be pondered on your knees.

Third. Going will secure to you the largest experience in the practice of your profession and the widest influence in the service of Christ. As a physician you may develop yourself as you never can at home. The writer has had more experience in a single month in India than the average practitioner has in a year and more than many have in five. The medical missionary is constantly thrown upon his own resources and must undertake difficult and important operations. This develops his skill as nothing else can. You may have the experience of many medical missionaries whose privilege it is to treat thousands of cases and perform hundreds of operations every year.

The experience of Dr. Hall, a surgeon in Allahabad, India, may in time be yours. Dr. Hall recently visited a village twenty-six miles from an English station and twelve miles from the nearest railroad station. Remaining there six days he opened a dispensary under a large mango tree. During those six days he saw 394 patients, performed 147 operations upon the eye, sixty-nine of which were for cataract. He returned home leaving a native assistant in charge of the cases.

Medical missionaries in heathen lands are laying deep and strong the foundations for the development of medical science, foundations upon which are yet to be

reared institutions similar to those in the West. They are casting up a highway upon which multitudes of our profession are yet to travel, and, traveling, shall bless the world with their knowledge and skill.

But your influence for moral and spiritual ends is undoubtedly greater than it is ever likely to be at home. At home the physician is much on the same level with his fellow-citizens as regards influence. In foreign lands few are as highly esteemed and few have greater moral influence. This fact, too, should help you to a decision to go. You may occupy by yourself a district covering hundreds of square miles. Thousands of patients wait to greet you, welcome your skill, and spread your fame over a whole country. In 1891, a medical missionary in China treated fourteen thousand patients, representing eleven of the eighteen great provinces of China. Your influence will make possible the residence of, and secure the good will of the heathen for, other missionaries, thus strengthening and fortifying the work as a whole. Through you other work may be tolerated, developed and expanded. You can enter houses where no one else can go; you can reach hearts barred fast against all others, your place is unique, you alone can fill it. Dr. Asahel Grant, writing of his work in Persia said: "As I have witnessed the relief of hitherto hopeless sufferers and seen their grateful attempts to kiss my feet and my very shoes at the door, both of which they would literally bathe

with tears, especially as I have seen the haughty moolah stoop to kiss the border of the despised Christian's garment, thanking God that I would not refuse medicine to a Moslem, and others saying that in every prayer they thank God for my coming, I have felt that even before I could teach our religion I was doing something to recommend it and break down prejudices, and wished that more of my professional brethren might share in the luxury of doing such work for Christ."

Fourth. It will elevate and sanctify your practice of medicine by making it participate in God's great plan for the evangelization of the world. By amalgamating the two noblest professions on earth—healing and preaching—it makes them the peer of any one profession. God has a great plan for this world which, as we know, is its evangelization. The medical mission has been greatly used of him already in accomplishing this end. But oh! how much there is yet to be done! The cry goes up from the little band of workers now on the field: "Come over and help us." The appeal is pathetic as it comes up to them from groaning and burdened victims of disease and sin all around and so is passed on to us. It is strenuous as it comes from a handful of medical missionaries, who are overwhelmed by the needs and opportunities of their work—opportunities that have been given largely in answer to the prayers of the people at home who now fail to improve them. Shall not this

cry from workers and patients burst open your dull ears and thrill your cold hearts, causing you to go forth and deliver these bruised captives, preach the gospel to these neglected poor "at such a time as this"? Remember, that He who, after having healed the multitude, said: "Pray ye therefore the Lord of the harvest, that he will send forth laborers into his harvest" (Matt. 9 : 38), also said: "Lift up your eyes, and look on the fields; for they are white already to harvest" (John 4 : 35). O lift up your eyes and look, and as you look, forget not the Scripture, which says: "If thou forbear to deliver them that are drawn unto death, and those that are ready to be slain; . . . doth not he that pondereth the heart consider it? and he that keepeth the soul, doth not he know it? and shall not he render to every man according to his works?" (Prov. 24 : 11, 12.)

Said a man of God: "Find out God's plan for you in your generation and see that you cross it not." Brother, have you done this? The will of God for your life, whatever your own plans may be, is the sweetest, sublimest, dearest thing you can know and do. Are you finding it out? Paul in his letter to the gentile Romans, writes: "I beseech you therefore, brethren, by the mercies of God, to present your bodies a living sacrifice, holy, acceptable to God, which is your reasonable service. And be not fashioned according to this world: but be ye transformed by the renewing of your mind, that ye may

prove what is the good and acceptable and perfect will of God" (Rom. 12 : 1, 2).

If there is any student who should make the sacrifice (separation) of his body unto God it is he whose work has to do with the body.

Paul declares if you would "understand what the will of God is," and remember he commands this, you must present yourself unto him, your life, your powers, your talents. If you do this you will follow on to know God. He assures you that God's will cannot be otherwise than good, acceptable, perfect. To the Ephesians he writes: "Proving what is acceptable unto the Lord" (see Eph. 5 : 10, 17); to the Colossians: "That ye may stand perfect and complete in all the will of God" (Col. 4 : 12); to the Hebrews: "Having done the will of God ye might receive the promises" (Heb. 10 : 36). And John in his Epistle writes: "He that doeth the will of God abideth forever" (1 John 2 : 17). Jesus said: "My meat is to do the will of him that sent me, and to finish his work" (John 4 : 34). "I came . . . not to do mine own will, but the will of him that sent me" (John 6 : 38). If you will make the acceptable sacrifice of your life, he will reveal the good and acceptable knowledge of his perfect will for you, whether that be to go or stay.

Brothers, are you living for self and self-aggrandizement? Has not God given your life for a nobler, better purpose? It is perfectly possible to live most

and best for God at home, but if God intends you to go, you can never be really successful so long as you fail in doing his will. Are you living "the self-centered life"? If so, I pray you come out of it and into the ark of God's plan for your life, into "the charmed circle of his will." This is your most blessed privilege. It is his most urgent injunction.

Said David Brainerd: "This I saw; when a soul loves God with a supreme love, God's interests and his become one. It is no matter, when, nor where, nor how Christ shall send me, nor what trials he shall exercise me with, if I may be prepared for his work and will."

And may the God of peace make you perfect in every good work to do his will, working in you that which is well-pleasing in his sight! May he, whose it is to work in you his own good pleasure work out of you his own purpose, to the end that God may be glorified in your body and your spirit which are his!

GAYLORD BROS.
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SYRACUSE, N.Y.
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